CPT Evaluation and Management Services

- Review Work Process
- Concept of Total Physician Work
- New E&M Structure
- Importance of Clinical Examples
- Role of Advisors
- Next Steps

Work Group Composition

- CPT Editorial Panel
- CPT Advisory Committee
- RUC expertise
- CMS
- Medicare CMD
- Commercial CMD
- Other specialties

Work Plan

- Meetings of the work group
- Written and oral testimony from specialty societies, state medical societies and individual physicians
- Survey of CPT users

Work Plan

- Develop mission statement and principles to guide work
- Develop a list of options and consider the strengths and weaknesses of alternate approaches
- Have a report to the Editorial Panel by August of 2002

Mission

- Develop a coding system that physicians can use to report their services while practicing medicine according to the needs of the patient.

"Total Physician Work":

The combination of medical decision making, clinically appropriate history and examination, and the time needed to evaluate and care for a patient.

Principles for E&M Coding

- The system should be easy to understand and use by physicians, payers and beneficiaries
- Definitions of codes should be clinically meaningful and describe clearly differentiated services
- There should be consistency between code families

American Medical Association | CPT Evaluation and Management Work Group

Principles for E&M Coding

- Choice of a code should be simple, and should reflect the total physician work involved in an evaluation and management service
- The system should allow physicians maximum flexibility in demonstrating the level of work involved in a service
- The system should be usable by all physicians, regardless of specialty

American Medical Association | CPT Evaluation and Management Work Group

Principles for Coding Revisions

- Physicians should not suffer a reduction in reimbursement from implementation of an improved and simplified coding system for evaluation and management services
- The coding system should reflect contemporary medical practice

American Medical Association | CPT Evaluation and Management Work Group

Problems with E/M Codes

- Structure of Codes
  - 3 or 5 levels of service with 4 levels of history, examination, decision-making
- Rules for Code Use
  - 3/3 criteria for some codes, 2/3 for others and time as a secondary criterion

American Medical Association | CPT Evaluation and Management Work Group

Components of Physician Work in an E/M Service

- History taking
- Examination
- Review of data
- Medical Decision-making, including coordination of care
- Shared decision-making with patients
- Counseling

American Medical Association | CPT Evaluation and Management Work Group

Starting Assumptions

- The existing code descriptors are excessively proscriptive for amount of history, physical and examination involved in a service.
- Evolution of practice has changed how physicians do their work; for the same service it is reasonable to expect that there may be varying amounts of history or examination needed to make decisions.
- Flexibility needed: "Total physician work"

American Medical Association | CPT Evaluation and Management Work Group

Suggested Solutions

- Maintain the status quo but change documentation guidelines
- Develop time-based counseling codes
- Develop a three-tiered approach to code selection
- Create a single E/M code

American Medical Association | CPT Evaluation and Management Work Group

Suggested Solutions

- Revise New/Established codes and create a modifier for consultations
- Create a mechanism of demonstrating the complexity of a patient regardless of the code type
- Use outlier analysis as basis for audits

American Medical Association | CPT Evaluation and Management Work Group

Suggested Solutions

- Reduce the number of levels of service to three, or perhaps, four
- Create global periods for E/M services
- Maintain current levels but revise descriptors and rules for code selection to allow maximum flexibility in choice of code

American Medical Association | CPT Evaluation and Management Work Group

Coding Errors
Research Findings

- Concordance between coding experts is low (kappa scores of 0.3)
- But, disagreement is never more than one level off
- There is a natural distribution of codes by physicians
- Over-coding is balanced by under-coding

American Medical Association | CPT Evaluation and Management Work Group

Changes in Medical Practice

- More patients have multiple chronic conditions which require considerably more work in the context of an evaluation and management service; this work may be less examination and more decision-making by the physician

American Medical Association | CPT Evaluation and Management Work Group

Research Method

- 289 interviews from initial pool of 750 physicians
  - Group practice 48%
  - Solo/2-person practice 30%
  - Hospital-based 20%
  - Academic practice 2%

American Medical Association | CPT Evaluation and Management Work Group

Research Findings

- >60% of respondents found clinical examples very useful and used them
- Medical decision-making & examination are used more often in choice of code
- Time used by about 40% of physicians
- Only 20% of users think the instructions for code selection are clear
- 1/3 use "my own criteria" for selection

American Medical Association | CPT Evaluation and Management Work Group

Proposed Solution

- Maintain current levels but revise descriptors and rules for code selection to allow maximum flexibility in choice of code
  - Problems with "time" need to be resolved

American Medical Association | CPT Evaluation and Management Work Group

New E&M Structure

- Descriptors based on concept of total physician work
- Reference level codes have been developed for each code family at level three and level five (for code families with 5 levels)
- Clinical examples for reference level codes will guide code selection

American Medical Association | CPT Evaluation and Management Work Group

New E&M Structure

- Confirmatory consultation codes eliminated
- In-patient follow-up consultation codes eliminated
- Concurrent care codes adopted for inpatient setting
- Nursing home code revisions

American Medical Association | CPT Evaluation and Management Work Group

Importance of Clinical Examples

- The clinical examples must accurately represent common patients and conditions and the total physician work involved in providing the service
  - Examples should reflect the differences in work for a new and established patient at the same level of service
  - Examples should clearly show the difference in work between a level three and level five service

American Medical Association | CPT Evaluation and Management Work Group

Importance of Clinical Examples

- The clinical examples should not describe a standard of care, but what is common and usual for a specialty
- If a specialty sees patients with multiple chronic conditions requiring considerable effort in decision-making and patient management, these examples should be developed

American Medical Association | CPT Evaluation and Management Work Group

Next Steps

- Specialty societies develop clinical examples for reference codes, starting with office services
- Decisions re: time as part of descriptors
  - Include or exclude?
  - Intra-service time only or total time?
  - Leave as is or restate?